



Client Referral Form

All information will be treated as confidential.

This form should only be completed and sent to Legal Aid NSW with the client's consent.

Referred to:	
Name	
Email address	
Date form completed	

Referred From:	
Name of organisation	
Address	
Your name	
Your phone number	
Your email	

Client Details:			
Name Also known as (if applicable)			
Phone number		D.O.B.	
Email address			
Alternative contact details Name Phone number			
Address			
Best way to contact the client			
Safety issues to be aware of when contacting client			

Does the client have a court date?	
Name of Court	
Important upcoming dates	

Client Details: (Tick boxes that apply to you)
<input type="checkbox"/> Living in Government or social housing property <input type="checkbox"/> Living in private rental property <input type="checkbox"/> Living in privately owned home <input type="checkbox"/> Sleeping rough <input type="checkbox"/> Staying with family/friends <input type="checkbox"/> In temporary accommodation <input type="checkbox"/> Other: _____

Tick boxes that apply to you

Money



- Do you have any fines?
- Having trouble repaying a payday or fast loan?
- Have you been contacted by a debt collector?
- Have you received a fine or debt that doesn't belong to you?
- Does someone owe you money?
- Does someone else have control of your money or limit your access to money?
- Insurance problems (car, house, etc.)?

Centrelink



- Do you owe money to Centrelink?
- Have you been refused a Centrelink payment?
- Receiving the wrong Centrelink payment?

Disability



- Having trouble getting onto the National Disability Insurance Scheme (NDIS)?
- Having trouble with your disability supports?
- Can't work because of a disability or injury?
- My house does not meet my needs.

Housing



- Have you been denied private or social housing?
- Are you on the social housing waiting list?
- Have you been given a termination notice by your landlord?
- Has your landlord threatened to evict you?
- Is the landlord saying you owe money for rent or damage?
- Did you have to leave your property for safety reasons?
- Are you currently absent from your property in prison or a health facility?
- Do you need help to transfer to a different property for safety reasons?
- Are you feeling unsafe or insecure about where you live?

Violence



- Are you feeling unsafe at home or elsewhere?
- Are you the victim of a violent crime and want compensation from Victim Services?
- Has someone hurt you or taken advantage of you?

Family



- Are you separated or trying to separate?
- Need help to see your grandkids?

Discrimination, harassment and vilification



- Have you been treated badly because of your race, gender, religion, identity or age?
- Are you being harassed by someone?



Complaints about government authorities

- Have you been mistreated by a government department?
- Do you have a complaint about the police or corrective services?

Tick boxes that apply to you



Employment

- Having trouble getting a job?
- Being paid the wrong amount or working in bad conditions?
- Being treated badly at work, bullied or harassed?
- Have you had to stop work or reduce your hours because you became ill or unwell (including mental health concerns)?



Older People

- Feeling unsafe where you live?
- Money or property gone missing?
- Worried about your current living arrangements?



Crime

- Do the police want to talk to you?
- Do you have a Court date or have you been charged with a crime?



Which legal issue do you want help with first?



What services or supports do you have?



Any other information you think the lawyer needs to know?

Client Consent:

I, _____ (client name)
consent to _____ (name of worker)
from _____ (name of referral organisation)
sharing my personal information with _____ (name of legal service)
about the legal problem(s) I ticked on this form. I agree the legal service can contact the referral
organisation if they need more information.

I agree the legal service can contact the referral organisation if they need more information. I
understand my personal information will be used to refer me for legal help

Client Signature

Date